

Arizona WIC Program High/Medium Risk Observation

RDN/MRN (observed): _____ Observer: _____ Date: _____

Agency: _____ Clinic: _____

Appointment and Participant Information	
Participant ID #:	DOB:
Category: <input type="checkbox"/> PG <input type="checkbox"/> EN / PN <input type="checkbox"/> P <input type="checkbox"/> IEN / IPN / IFF <input type="checkbox"/> C1-4	High/Medium Risk Code(s)
Invest in the Interaction	0 1 2 3 Comments
<ul style="list-style-type: none"> Reviews previous notes Greets participant by name; Introduces self Sets the agenda and affirms participant 	
Assessment	0 1 2 3
<ul style="list-style-type: none"> Appropriate anthropometry and/or bloodwork GTHM Tool used appropriately (if applicable) Affirmed participant's knowledge/experiences Asks, explores to get complete information Reflects for understanding Identifies correct WIC codes (if applicable) Breastfeeding Assessed (if applicable) 	
Nutrition Counseling and Education	0 1 2 3
<ul style="list-style-type: none"> Explored readiness, identified change talk Tailors discussion around participant's needs and interests in the spirit of PCS <ul style="list-style-type: none"> Uses OARS, asks permission Explores feelings and offers ideas Offers relevant education at appropriate times Anticipatory guidance 	
Support Health Outcomes	0 1 2 3
<ul style="list-style-type: none"> Facilitates goal setting Asks and discusses next steps with participant Summarizes discussion in more detail Affirms the participant Set up topic(s) for next appointment Appropriate referrals were made, if applicable 	
Care Plan Notes and Nutrition Discussion	0 1 2 3
<ul style="list-style-type: none"> (SOAP OR ADIME OR other equivalent format) SOAP option: <ul style="list-style-type: none"> S: Info participant provides, feelings, observations by RD, GTHM tool used O: Refers to data captured in HANDS, measurements, hemoglobin A: Interpretation of status based on S/O; interventions, education, discussion items P: Participant-identified next steps, follow-up information and referrals <p>Nutrition Discussion Tab selected in Care Plan</p>	

Y = Complete, done correctly

N = Incorrectly done or not done

N/A = Not applicable

0* 1* 2* 3*

***See Scale Rubric for Arizona WIC appointments**

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Care Plan Notes and Nutrition Discussion	0	1	2	3
(SOAP OR ADIME OR other equivalent format) ADIME option: <ul style="list-style-type: none"> Assessment Nutrition Diagnosis <ul style="list-style-type: none"> Problem-high risk code assigned Etiology-the cause of the problem or risk code Signs/Symptoms-the evidence collected that trigger the high risk code to be assigned Intervention – specific behavior change identified to address the Nutrition Diagnosis Monitoring/Evaluation - next steps, follow-up information and referrals Nutrition Discussion Tab selected in Care Plan				
Food Package and Issuance				
Assesses participant's need for and approves special formula food packages, if applicable.	Y / N or n/a			
Provides choices to tailor food package to participant need	Y / N			
Customer Service				
Employee logged out of WIC computer system or locked computer when leaving the workstation.	Y / N			
Proper accommodations made: -- forms in participant's preferred language -- focused on participant when interpreter used	Y / N or n/a			
Nutrition education appropriate to cultural preferences, household situation, understanding?	Y / N			
Focused on the participant and not the computer.	Y / N			

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N/A = Not applicable

0* 1* 2* 3*

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Notes

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0* 1* 2* 3*

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